

after contact with the case is broken. If they are still a classification I at that time, therapy may be discontinued. It is recommended that all classification II patients 35 years of age and under be given an appropriate course of isoniazid chemotherapy.

Screening for tuberculosis today is best accomplished by use of the Mantoux intradermal tuberculin skin test (5 TU of purified protein derivative S in Tween 80 media). A test result read 48 to 72 hours later of 10 mm or greater induration is judged to be positive. In close household contacts to an index case, greater than 5 mm induration may be considered positive for starting isoniazid chemotherapy. A history of BCG (bacille Calmette Guérin) immunization may confuse the interpretation of the skin test results. However, standard procedure is to consider a purified protein derivative reaction of 10 mm or more as indicative of true infection. All cases in which a skin test is positive should be followed up with x-ray evaluation of the patients' chest status.

A person considered to be a tuberculin converter is one in whom there has been a positive skin test of less than 10 mm induration within the last two years, in whom on retesting there was an increased induration of 6 mm or greater, and in whom a test result now is 10 mm or greater in induration. In such persons an appropriate course of chemotherapy is advised.

Tuberculosis control must continue to be a priority in certain areas of the country. Geographically, the distribution of cases is uneven. In California, the tuberculosis case rate continues to be higher than the national rate (15.8 per 100,000 population compared with 13.9 per 100,000 population). A total of 3,465 new active cases were reported in California in 1977 (compared with 30,145 cases nationally). These cases were concentrated in the large metropolitan areas of the state and agricultural regions of the Central Valley. Data on ethnic distribution of cases support the observation that the increase in cases is due largely to the influx of immigrants from Latin America, Asia and Oceania. Children nationally account for 5.5 percent of reported cases, compared with 8.5 percent in California.

Tuberculosis continues to be a costly major public health problem. Therefore, alertness to the disease by private practitioners, early diagnosis, timely initiation of therapy, prompt reporting and effective follow-up of contacts continues to warrant increased attention and effort.

STEPHAN BILLSTEIN, MD

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- Tuberculosis in California. Calif Morbidity Weekly Rep, No. 43, Nov 3, 1978
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ARTICLES TO READ IN OTHER JOURNALS

EDITOR'S NOTE: Members of the Editorial Board on occasion call attention to articles that they consider to be important in other journals. The editors believe that these titles together with a brief assessment of the articles are worth publishing for the information of our readers.

In Defense of the Pill

Goldziehr JW

Journal of Continuing Education in Obstetrics and Gynecology

Oct 1978, pp 15-32

DISCIPLINES: Obstetrics, Gynecology, General and Family Practice

READABILITY: Very good

In this scholarly review of a most controversial subject, "The Pill—good or bad?", an eminent and respected gynecologist bursts the bubble of misinformation blown up by the lay press. The many anecdotal, prospective and retrospective studies are carefully analyzed. Sensible advice for anyone prescribing or using the Pill.

Technologic Intervention in Obstetrics: Has the Pendulum Swung Too Far?

Baker RA

Obstetrics and Gynecology

51:241-243, Feb 1978

DISCIPLINES: Obstetrics, Family Practice

READABILITY: Excellent

A timely analysis of the present trends in the use of amniocentesis, fetoscopy, fetal monitoring and cesarean section. The author pleads with his fellow obstetricians to "intervene with technologic tools only when such action is supported by sound clinical judgment."

Vacuum Extraction—Use in a Community Hospital Setting

Plauche WC

Obstetrics and Gynecology

52:289-293, Sep 1978

DISCIPLINES: General and Family Practice, Obstetrics, Gynecology

READABILITY: Excellent

The author's enthusiasm for the vacuum extractor is tempered by the incidence (18.7 percent) of "significant trauma to the fetal scalp." He believes that vacuum extraction requires careful choices of cases and indications. When these are satisfied, vacuum extraction can solve some perplexing obstetrical problems.

Perioperative Antibiotic Prophylaxis in Cesarean Section

Kreutner AK, Del Bene VE, Delamar D, et al

Obstetrics and Gynecology

52:279-284, Sep 1978

DISCIPLINES: General and Family Practice, Obstetrics, Gynecology, Surgery

READABILITY: Good

"Shall we or shall we not use perioperative antibiotic prophylaxis in cesarean section?" The authors conclude that a short course of cephalosporin given perioperatively to cesarean section patients does not reduce the number of resistant Gram-negative bacilli in the genital tract or significantly reduce morbidity.

Replacement Estrogen Therapy for Menopausal Vasomotor Flushes—Comparison of Quinestrol and Conjugated Estrogens

Baumgardner SB, Cordrea H, Daane TH, et al

Obstetrics and Gynecology

51:445-451, Apr 1978

DISCIPLINES: General Practice, Gynecology, Obstetrics

READABILITY: Very good

In a double-blind, placebo-controlled trial, a "new" estrogen, quinestrol (Estrovis®, Warner-Chilcott) was judged as effective as conjugated estrogen (Premarin®) in controlling vasomotor flushes. Possible advantages are once-a-week dosage, and possibly fewer side effects.

Evaluation of a Dipstick for Candida

Weissberg SM

Obstetrics and Gynecology

52:506-509, Oct 1978

DISCIPLINES: Obstetrics, Gynecology, General and Family Practice

READABILITY: Very good

"Doctor, I think I have an infection!" For this woman, and her physician, a new dipstick test for Candida vaginal infection could be a most welcome adjunct to diagnosis and treatment. Now commercially available, it is praised as being simple, quick, economical, accurate and adapted to office use.

—E. R. W. FOX, MD
Coeur d'Alene, ID